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| · anna & Consuper  |                    |  |  |   | PTO/SB/21 (08-03   |  |
| TRANSMITTAL  |                    | Application Number   |  | 09/445,375  |  |  |
|  |                    | Filing Date  |  | March 21, 2000  |  |  |
| FORM   |                    |  | First Named Inventor                   |   | KINGSMAN, Susan M.   |  |
| (to be used for all correspondence after initial filing)                           |                    | Art Un   | it                                     | 1635  |  |  |
|  |                    |  | Exami                                  | ner Name  | J. E. Angeli   |  |
| Total Number of Pages in This Submission   |                    | 3  | Attorn                                 | ey Docket Number  | 021911000300   |  |
|  |                    | ENCI   | OSURE                                  | S (Check all that appl                                  | y)   |  |
| Fee Transmittal Form   |                    | Drawin   | g(s)                                   |   | After Allowance Communication to Group   |  |
| Fee Attached   |                    | Licensi  | ng-relate                              | d Papers  | Appeal Communication to Board of Appeals and Interferences   |  |
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| After Final  |                    |  | to Conv                                |   | Proprietary Information  |  |
| Affidavits/declaration(s   |                    |  |  | ey, Revocation<br>espondence Address                    | Status Letter  |  |
| Extension of Time Request  |                    | Termin   | ninal Disclaimer                       |   | Other Enclosure(s) (please identify below):  |  |
| Express Abandonment Request  |                    | _  | Request for Refund CD, Number of CD(s) |   | Statement Under 37 CFR 3.73(b); Return Postcard  |  |
| Information Disclosure Statement   |                    | OD, 140  | idifider of CD(S)                      |   | ·  |  |
| Certified Copy of Priority Document(s)  Remai                                      |                    | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |  |   |  |  |
| Response to Missing Parts/ Incomplete Application                                  |                    | <u>,                                      </u>   |  |   |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                |                    |  |  |   | •  |  |
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| or   | nd and To          | wnsend a   | nd Crew                                |   | - 44 404   |  |
| Individual Kawai La  | au<br>             |  | Reg. No. 44,461                        |   |  |  |
| Signature  | )                  | ,  |  |   |  |  |
| Date November 19, 2003   |                    |  |  |   |  |  |
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| I hereby certify that this correspondence as first class mail in an envelope addre | e is being factors | csimile transi<br>nmissioner fo  | mitted to the Patents,                 | he USPTO or deposited with<br>P.O. Box 1450, Alexandria | h the United States Postal Service with sufficient postage<br>, VA 22313-1450 on the date shown below. |  |
| Typed or printed name Timothy S. Parker  |                    |  |  |   |  |  |
| Signature Junio Ly Carlan Date November 19, 2003                                   |                    |  |  |   | Date November 19, 2003   |  |



PTO/SE/82 (06-03)

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## REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

| Application Number     | 09/445,375        |  |
|------------------------|-------------------|--|
| Filing Date            | March 21, 2000    |  |
| First Named Inventor   | Susan M. KINGSMAN |  |
| Art Unit               | 1635              |  |
| Examiner Name          | J.E. Angell       |  |
| Attorney Docket Number | 021911000300      |  |

| I hereby revoke all previous powers of attorney given in the above-identified application:   |           |                    |  |  |  |  |
|--|-----------|--------------------|--|--|--|--|
| A Power of Attorney is submitted herewith.   |           |                    |  |  |  |  |
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| Applicant/Inventor.  |           |                    |  |  |  |  |
|  |           |                    |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |           |                    |  |  |  |  |
| Name Peter J. Nolan  |           |                    |  |  |  |  |
| Inature MMa  |           |                    |  |  |  |  |
| Date 18 November 2003  | Telephone | 011-44-1865-783008 |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |           |                    |  |  |  |  |

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PTO/SB/96 (05-03)

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| STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Susan M. Kingsman, et al.   |  |  |  |  |  |
|--|--|--|--|--|--|
| edean M. Fongonian, et al.   |  |  |  |  |  |
| Application No./Patent No.: 09/445,375   | iled/Issue Date: March 21, 2000  |  |  |  |  |
| Entitled: Vector   |  |  |  |  |  |
| Oxford BioMedica (UK) Ltd, a   | corporation  |  |  |  |  |
| (Name of Assignee) (Type of Ass  | ignoc, e.g., corporation, partnership, university, government agency, etc. |  |  |  |  |
| states that it is:   |  |  |  |  |  |
| <ol> <li>the assignee of the entire right, title, and interest</li> </ol>  | ; or   |  |  |  |  |
| an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is% In the patent application/patent identified above by virtue of either:  |  |  |  |  |  |
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| The undersigned (whose title is supplied below) is authorized  | to act on behalf of the assignee.  |  |  |  |  |
| 18 Moveuder 2003   | Peter J. Notan   |  |  |  |  |
| Oate   | Typed or printed name  |  |  |  |  |
| 011-44-1865-783000   | _ /vma-  |  |  |  |  |
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